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Please change the correspondence address for the above-identified application to: The address associated with Customer Number:		
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Telephone	202-2858719 Email LAT LAW Chotmail, con	
I am the: Applicant/Inventor.		
Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		
SIGNATURE of Applicant or Assignee of Record		
Signature Kobert Lone		
Name Kose	Telephone 541 977 8158	
Date		
NOTE: Signatures of all the inventors or exsignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one eignature is required, see below."		
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Application Number 09232258 Figng Date 6FRTRECEIVED **POWER OF ATTORNEY** First Named Inventor and CORRESPONDENCE ADDRESS Art Unit INDICATION FORM Exeminer Name 000 **Attorney Docket Number** I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint: Practitioners associated with the Customer Number: OR ractitioner(s) named below: Registration Number Name 54584 Thompson as my/our attorney(a) or agent(a) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: The address associated with Customer Number. OR Firm or Individual Name N. W. Address Zlp 2000 Clly Country Email Telephone l_.am.the: Applicant/Inventor. \mathbf{U} Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Date Signature Telephone Name Title and Company NOTE: Signatures of all the inventors of seeigness of record of the ontire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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